



I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 19, 2007

Signature:

*Linda Blake*  
(Linda Blake)

Docket No.: MIY-P01-011  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Robert F. Rioux

Application No.: 09/874,302

Confirmation No.: 7588

Filed: June 5, 2001

Art Unit: 3771

For: METHODS AND DEVICES FOR THE  
TREATMENT OF URINARY  
INCONTINENCE

Examiner: Adam Curtis Brandt

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, OR more than three months after the date of entry of the national stage of a PCT application, AND after the mailing date of the first Office Action on the merits, whichever occurs first, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

Copies of the references on the PTO/SB/08 are not provided.

07/24/2007 TNGUYEN2 00000011 181945 09874302

01 FC:1806 180.00 DA

In accordance with 37 CFR 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 CFR 1.56(a) exists. In accordance with 37 CFR 1.97(h), the filing of this Information Disclosure Statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

It is submitted that the Information Disclosure Statement is in compliance with 37 CFR 1.98 and the Examiner is respectfully requested to consider the listed references.

Please charge our Deposit Account No. 18-1945 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 18-1945, under Order No. MIY-P01-011. A duplicate copy of this paper is enclosed.

Dated: July 19, 2007

Respectfully submitted,

By 

Carl A. Morales, Ph.D.  
Registration No.: 57,415  
FISH & NEAVE IP GROUP,  
ROPES & GRAY LLP  
One International Place  
Boston, Massachusetts 02110  
(617) 951-7000  
(617) 951-7050 (Fax)  
Attorneys/Agents For Applicant



Used in Lieu of PTO/SB08A/B  
(Based on PTO 04-07 version)

Substitute for form 1449/PTO		<b>Complete If Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>		Application Number	09/874,302
		Filing Date	June 5, 2001
		First Named Inventor	Robert F. Rioux
		Art Unit	3771
		Examiner Name	Adam Curtis Brandt
Sheet	1	of	1
		Attorney Docket Number	MIY-P01-011

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
/SD/	AB	US-6,723,107	04-20-2004	Skiba, et al.	
/OD/	AC	US-4,583,540	04-22-1986	Malmin	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. \* CITE NO.: Those application(s) which are marked with an asterisk (\*) next to the Cite No. are not supplied (under 37 CFR 1.98(a)(2)(ii)) because that application was filed after June 30, 2003 or is available in the IPFW. \* Applicant's unique citation designation number (optional). <sup>1</sup> See Kind Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901:04. <sup>2</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>3</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>4</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>5</sup> Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			T <sup>2</sup>

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature	/Steven Douglas/	Date Considered	12/18/2008
--------------------	------------------	-----------------	------------



PTO/ISB/21 (04-07)  
Approved for use through 09/30/2007. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/874,302	
	Filing Date	June 5, 2001	
	First Named Inventor	Robert F. Rioux	
	Art Unit	3771	
	Examiner Name	Adam Curtis Brandt	
Total Number of Pages in This Submission	9	Attorney Docket Number	MIY-P01-011

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): SB/08 (2 references) Return Receipt Postcard
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	FISH & NEAVE IP GROUP, ROPES & GRAY LLP		
Signature			
Printed name	Carl A. Morales, Ph.D.		
Date	July 19, 2007	Reg. No.	57,415

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: July 19, 2007	Signature:  (Linda Blake)



PTO/SB/17 (04-07)

Approved for use through 04/30/2007. OMB 0651-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FREE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b> Application Number 09/874,302 Filing Date June 5, 2001 First Named Inventor Robert F. Rioux Examiner Name Adam Curtis Brandt Art Unit 3771 Attorney Docket No. MIY-P01-011	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 180.00			

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Fish & Neave IP Group, Ropes & Gray LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b> <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																																	
	<b>FILING FEES</b> <table border="1"> <thead> <tr> <th>Application Type</th> <th>Small Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Utility</td><td>300</td><td>150</td></tr> <tr><td>Design</td><td>200</td><td>100</td></tr> <tr><td>Plant</td><td>200</td><td>100</td></tr> <tr><td>Reissue</td><td>300</td><td>150</td></tr> <tr><td>Provisional</td><td>200</td><td>100</td></tr> </tbody> </table>		Application Type	Small Entity Fee (\$)	Small Entity Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	200	100	<b>SEARCH FEES</b> <table border="1"> <thead> <tr> <th>Small Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>500</td><td>250</td></tr> <tr><td>100</td><td>50</td></tr> <tr><td>300</td><td>150</td></tr> <tr><td>500</td><td>250</td></tr> <tr><td>0</td><td>0</td></tr> </tbody> </table>		Small Entity Fee (\$)	Small Entity Fee (\$)	500	250	100	50	300	150	500	250	0	0	<b>EXAMINATION FEES</b> <table border="1"> <thead> <tr> <th>Small Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>200</td><td>100</td></tr> <tr><td>130</td><td>65</td></tr> <tr><td>160</td><td>80</td></tr> <tr><td>600</td><td>300</td></tr> <tr><td>0</td><td>0</td></tr> </tbody> </table>		Small Entity Fee (\$)	Small Entity Fee (\$)	200	100	130	65	160	80	600	300	0	0	<b>Fees Paid (\$)</b> _____
Application Type	Small Entity Fee (\$)	Small Entity Fee (\$)																																															
Utility	300	150																																															
Design	200	100																																															
Plant	200	100																																															
Reissue	300	150																																															
Provisional	200	100																																															
Small Entity Fee (\$)	Small Entity Fee (\$)																																																
500	250																																																
100	50																																																
300	150																																																
500	250																																																
0	0																																																
Small Entity Fee (\$)	Small Entity Fee (\$)																																																
200	100																																																
130	65																																																
160	80																																																
600	300																																																
0	0																																																
<b>2. EXCESS CLAIM FEES</b>							<b>Small Entity Fee (\$)</b>																																										
<b>Fee Description</b>							<b>Fee (\$)</b>																																										
Each claim over 20 (including Reissues)							50																																										
Each independent claim over 3 (including Reissues)							200																																										
Multiple dependent claims							360																																										
<b>Total Claims</b>							<b>Fee (\$)</b>																																										
<b>Extra Claims</b>							<b>Fee (\$)</b>																																										
<b>Fee Paid (\$)</b>							<b>Fee Paid (\$)</b>																																										
HP = highest number of total claims paid for, if greater than 20.							_____																																										
<b>Indep. Claims</b>							<b>Fee (\$)</b>																																										
<b>Extra Claims</b>							<b>Fee (\$)</b>																																										
<b>Fee Paid (\$)</b>							<b>Fee Paid (\$)</b>																																										
HP = highest number of independent claims paid for, if greater than 3.							_____																																										
<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																	
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>																																											
_____		_____		_____		_____																																											
- 100 =		/50 =		(round up to a whole number) x		=																																											
<b>4. OTHER FEE (\$)</b>																																																	
Non-English Specification, \$130 fee (no small entity discount)																																																	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00																																																	

<b>SUBMITTED BY</b>			
Signature <i>Carl A. Morales</i>	Registration No. (Attorney/Agent) 57,415	Telephone (617) 951-7000	
Name (Print/Type) Carl A. Morales, Ph.D.		Date July 19, 2007	

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: July 19, 2007	Signature: <i>Linda Blake</i> (Linda Blake)